

RIVER PRE-SCHOOL PLAYGROUP ADMISSION FORM

Family name:	
Child's name:	Date of birth:
Name child should be addressed in playgroup:	
Mother's name:	Father's name:
Address:	Address:
Tel. Home:	Tel. Home:
Tel. Work:	Tel. Work:
Tel. Mobile:	Tel. Mobile:

Emergency contact name and number if not at the above address

Name:	Name:
(Relationship):	(Relationship):
Address:	Address:
Tel:	Tel:

Child's Nationality:
Ethnic Background:
Primary Language spoken:
Religion:

The above information helps us to check that; we as a playgroup are reaching the full range of local families. It is not used to discriminate.

Doctors name:	Tel:
Address:	
Health Visitor name:	Tel:

If your child is under any additional agencies i.e. speech or hearing therapists please detail below	
Agency name:	Tel:
Address:	
Contact name:	

Has your child been immunised against <i>(please tick)</i>			
Diphtheria	Whooping cough	Tetanus	M.M.R.
Polio	Hibs.	Meningitis 'C'	

Any known Medical Conditions: <i>(see note*)</i> .
Any known Allergies: <i>(see note*)</i> .

* If your child suffers from a medical condition that may result in treatment being necessary whilst in the care of the playgroup, we will require a written emergency treatment plan to be provided by you for our record. Please contact a playgroup supervisor for further information.

An Ofsted requirement is that written parental permission is requested, at the time of placement in the seeking, of any necessary emergency medical advice or treatment in the future.

In case of emergency, please sign below for your child to receive appropriate medical treatment* e.g. anaesthetic, ventolin, insulin, i.e. anaphylactic shock, epilepsy.

SIGNED.....DATED.....

Playgroup use only
DATE APPLICATION RECEIVED:

INFORM OF START DATE:

Please tick below the sessions you prefer (am: 8.45-11.45 / pm: 12.45-2.45)

MON am	TUES am	WED am	THUR am	FRI am
n/a	n/a	WED pm	THUR pm*	n/a

*Rising Fives only

Please tick below if you would like your child to stay for lunch (11.45–12.45hrs)

MON	TUES	WED	THUR	FRI
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Has your child previously attended? *(Please tick)*

Parent toddler group:	Another playgroup:
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Name of persons authorised to collect your child from playgroup

Name:	Relationship:
Name:	Relationship:
Name:	Relationship:
Name:	Relationship:

Parents signature.....

(Please notify us of any changes. No child will be released to an unauthorised person).

Special requests/requirements about religious observance, food, clothing, health or other matters, which we should observe while your child, is in our care.

Background information on your child, which may help us to understand him/her, e.g. any special fears, any brothers/sisters, older or younger, any special words for the toilet etc. any recent family events which may have affected your child.

This information will be kept confidential.

We welcome all parents and Grandparents to help out at the Pre-school, please tick the box if you are able to help.

If you are able to offer practical help with outings and fund raising, again please tick the box.

Please delete as applicable, and then sign below:

I am/am not willing for _____ (child's name) to be photographed and displayed during playgroup sessions.

I am/am not willing for _____ (child's name) to go on brief, local outings from playgroup to River primary school or Kearsney abbey. I understand that specific consent will be sought for major excursions.

I am/am not willing for _____ (child's name) to have sun cream applied when necessary, i.e. when my child is playing in an outdoor area in full sun.

**SIGNED.....
River Pre-school playgroup, Methodist church hall, Common Lane, River, Dover, Kent.**